



**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

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**Testimony by Patricia A. Rehmer, MSN, Commissioner**  
**Department of Mental Health & Addiction Services**  
**Before the Appropriations, Human Services and**  
**Public Health Committees**  
**September 3, 2014**

**CMHS BLOCK GRANT HEARING**

Good morning, Senator Bye, Senator Slossberg, Senator Gerratana, Representative Walker, Representative Abercrombie, Representative Johnson and distinguished members of the Appropriations, Human Services, and Public Health Committees. I am Pat Rehmer, Commissioner of the Department of Mental Health and Addiction Services. I am here today to present the Allocation Plan for the Community Mental Health Services Block Grant for federal fiscal year (FFY) 2015.

The document before you describes the Block Grant contribution to the overall funding of mental health services for adults and children. The Allocation Plan contains proposed expenditures and services for FFY 2015. I would like to highlight the following items for the adults with psychiatric disabilities that are served by these dollars:

- A. **Emergency/Crisis Services** are available 24 hours a day, seven days a week.
- B. **Outpatient Clinical Services** are provided to improve or maintain the psychological or social functioning of adults with the most serious mental illnesses.
- C. **Residential Services** offer a variety of housing opportunities, including supported and supervised apartments.
- D. **Employment Opportunities** consist of specialized, work-related services and supports which enable persons with a psychiatric disability to participate in a competitive labor market.
- E. **Case Management Services** assist persons we serve by ensuring that they are actively linked to all the services they need in order to remain in the community. Enhanced emphasis is placed on addressing the homeless population through these services.
- F. **Social Rehabilitation Programs** assist with daily living skills, improving peoples' interpersonal skills, and maintaining their lives.

A total of 24 programs are currently offered through 17 agencies to adults who are indigent and challenged with chronic mental illness. These services are essential and need to be continued, as they support persons who have been discharged into the community and are consistent with our emphasis on providing a recovery system of care. By "recovery system of care" we mean one in which individuals are provided the supports needed to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Also, DMHAS continues to support project initiatives with FFY 2015 CMHS Block Grant funds including:

- (1) Programs within community-based general hospitals which support the rights of persons who are mentally ill;
- (2) Parental support and parental rights for families of those with mental illness;
- (3) Residential and/or case management services; and
- (4) Enhanced consumer vocational/employment support services.

While this funding represents less than one percent of the total DMHAS budget, considerable attention was given to the Allocation Plan in order that it be supportive of the direction given to us by the Adult State Behavioral Health Planning Council and other advisory bodies.

The Allocation Plan before you assumes a federal Block Grant of \$4,812,384. This figure assumes that the Block Grant will be funded at the same level as the FFY 2014 federal award. Actual funding for FFY 2015 will not be known until Congress passes its budget.

Of the estimated FFY 2015 CMHS Block Grant appropriation, \$3,368,669 is allocated to adult mental health services and thirty (30) percent or \$1,443,715 is allocated to the Department of Children and Families (DCF). DCF will address their portion of the Block Grant separately.

This Allocation Plan includes a new requirement that states set aside five (5) percent of their Community Mental Health Services Block Grant funds to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The purpose of this new requirement is captured in the congressional language instituting the set-aside, which states that the consequences of delayed treatment can include “loss of family and social supports, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery.” In response to this requirement, DMHAS will expand services in two programs currently providing evidence-based early interventions to individuals with psychosis.

The decrease noted to Outreach and Engagement of Young Adults does not reflect a change in services, but *is* based on the fact that this was a one-time FFY 14 cost for a project, the goal of which was to create and implement a website to engage and inform young adults about available behavioral health services. Now that the website has been created, costs would naturally decrease as only funds for maintenance would be required.

Thank you for the opportunity to testify before you today on the Community Mental Health Services’ Block Grant. I would be happy to take any questions you may have at this time or I could do so following the Department of Children and Families’ presentation, if that would be more convenient.